

**Author Name:** Marian Adly

**University:** University of Toronto

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**Abstract Title:** Limiting the Collateral Damage of SARS: The Ethics of Priority-Setting

**Abstract:** Global public health systems will only be as strong as the weakest link. Infectious diseases in lesser-developed regions are no longer distant threats; rather rapid globalization of peoples and goods around the world will invitingly welcome these threats to developed nations and vice versa, as drug-resistant tuberculosis has originated in the developed world along with other threats. Severe Acute Respiratory Syndrome (SARS) reinforced the need to understand the impact of infectious disease outbreaks on health systems.

The lessons learned from SARS are germane to pandemic influenza planning. As a novel viral pathogen, the lack of evidence-based medicine and science severely challenged medical, public health, and political decision-making during the outbreak. The SARS outbreak highlights the question of how best to set priorities during an infectious disease outbreak and many questions remain as yet unanswered as to the optimal means to set priorities in such an outbreak. Currently the leading theory of priority setting is Daniels' and Sabin's "Accountability for Reasonableness," a proposed framework for ensuring ethically-guided decisions.

The purpose of this study is to test this framework's applicability in an emergent circumstance. We conducted a qualitative case study examining how priorities are set, and how resources are competed for, shared, and/or allocated by public health authorities in a publicly funded health care system during an infectious disease emergency. We sampled responses at the macro (federal), meso (provincial), and micro (local/municipal) levels of Canadian public health and emergency response systems. Preliminary findings to-date suggest that refinements to the framework may be required ensuring a greater degree of fairness and ethical considerations in an effort to minimize collateral damage and harms during a response.